#### SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

aforesaid.		
	ACCIDENT STATEMENT	
Date Of Report	18/11/2019 14:28	
Date Of Accident	18/11/2019 08:15	
Exact Location Of Accident	AYE TOWARDS CITY BEFORE SOUTH BUONA VISTA	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SMK2639H	
Insured/Policyholder		
Name Of Registered Owner	GOLDBELL CAR RENTAL PTE LTD	
Co Reg No	200710651D	
Email Address	JUJU13103@GMAIL.COM	
Mobile Phone No	(LOCAL) +65-98001816	
Alternative Phone No	OFFICE-98001816	
Vehicle Particulars		
Manufacturer	TOYOTA	
Model	LEXUS ES300H 4DR SEDAN (AUTO) LUXURY	
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	THIRD PARTY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	999994188/100874667-00001	
Cover Note Number		
Driver		

Name of Driver **ZULKIFLI BIN KAHAR** 

NRIC No S8309386B Date Of Birth 31/03/1983 Occupation **OUTDOOR Date Of Driving Pass** 25/04/2006

**Driving Experience** 13 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98001816

Fax Number

**Contact Number** OTHERS-98001816

**EMail Address** JUJU13103@GMAIL.COM

BLK 147 SERANGOON NORTH AVENUE 1 Address

#04-415

Postcode 550147

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

YES

Number of Passengers (Including Driver)

2

Passenger 1

NAME: : BOSS

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes.Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

PLEASE REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera?

Was there any audio recorded?

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SMG5931P Vehicle Make/Model/Colour **HONDA** 

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver **EDMUND** 

NRIC/Passport Number

**Contact Number** 82886914

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

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- E Consent under the Personal Data Protection Act (POPA):

runderstand, a knowledge, agree and consent that

- We make and/or process my personal acts/personal advances are not engaged in GIA\* (analytes permitted to color), and decises and/or process my personal acts/personal advances are not as the [from] and any other personal information to an engaged by my country (collection) the "Personal Information 1 and or (cloud and transfer such ensured information to all insureds) who have arranded enable) insulated in this accident (all insureds) who have arranded enable) insulated in this accident (all insureds) and have arranded vehicle).

  \*\*Monetons authority of Singapore and any review of gravitational agreey/accident or the purpose for the expensive of
  - processing, transfers and/or devine with multiplies including the settlement of the claims and any recentary investigations relating to the claims.
  - In investigating the accident analyze my claims.
  - (iii) corrying our and/or dealing with my instructions or responding to any chass or by me.
  - (%) administering my claims proliuting the making of correspondence standards, incomes, reports or notices to me, which could make disclosure of corresponding about me to army about devery or the same as well as on the external cover of another procedures. Another
  - (v) conclude with applicable tax in administrating processing handling action during with my claims isolated velocity materials.
- (D) All interests which are interest whichest involved in this account and the income in page of any time, in ephane parameters to collect, use, disclose and/or process my Pursuant information for any extingers, the above Pursuant and
- (ii) my Personal to formation magican be disclosed by any of the mouses assister GANs, then their party service providers in agents (including their lawyers/law lisms), which may be sited outside of Singapore, for one or more of the above Products.
- 101 my Pistsonal Information will also be collected and wind to complex claims testory for the purpose of flour perfect secured street and an Auture claims.
- fe) the oformation so cohested under (ii) above may be shared, shickness
  - to all insurers shifter any other third parties that exist in evaluating investigating controlling or managing fraunt regulators, task enforcement and government agencies as reasonably required from a pagency stated, us

For complete with requirements solded any regulations, laws or court colors.

Policyholder's Sgridure Date & Tross

Direct Segretary
Date & Comp. 15711124 14

10 8000

# Sketch Plan #2

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	+	A) smk26394
		B) smg 5934P
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so the legi car hit me.		
CLARATION REPORT TO SERVICE STATE OF THE SERVICE ST		



























